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THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

Vol. X JUNE, 1940 No. 6

IN-SERVICE TRAINING OF TEACHERS*

THELMA SUGGETT

Supervisor of Health Education, Department of Public Schools, Jefferson City, Missouri

Within a year after the beginning of the statewide school health education program in Missouri, there had developed a definite desire on the part of teachers and school authorities to assume more responsibility for the health of the school child. Constant inquiries were received by the Department of Health and the State Department of Education from teachers asking for guidance and for suitable aids in the teaching of health.

These teachers had received little or no training in the teachers colleges in methods and materials of health education. Inadequately equipped, they found themselves unable to cope with the many health problems confronting them in the classroom.

Requests for help came chiefly from the rural and village schools representing varying degrees of teacher training and experience. How were we to reach them with a program that would fit their needs?

For too long, we in public health work have talked to large groups of persons who sat quietly, listened, and forthwith forgot. We wanted to conduct our in-service program in such a way that it would be more effective than the ordinary lecture or talk. The demonstration method was selected because it would permit teachers to *see how* rather than *hear about*.

The demonstrations require a full day and are conducted by the State supervisor of health education with the assistance of a public health nurse in the field. The meetings are held in a central location in a county and are attended by elementary teachers of both rural and town schools as well as members of boards of education and parent-teacher associations, local physicians, nurses, and dentists.

We endeavor in a day to acquaint teachers with about eight school health fundamentals, including: morning inspection, vision testing, hearing testing, hand-washing, hot lunch, weighing and measuring, birth registration and first aid.

Adults, like children, learn best by participation, so that teachers are requested to assume the role of elementary school children

*Presented at The Health Education Institute, Pittsburgh, Pa., October 15, 1939.

for the day and serve as subjects for the demonstrations. For example, to demonstrate screening tests in vision by the Snellen method, four teachers take part. The test is first given one teacher and the results are properly recorded on the blackboard. That teacher tests the next and records the score and so on, giving at least four teachers experience in vision testing and demonstrating to all that it can well be a teacher activity and does not necessarily require the skill of a physician or nurse.

Supplies for all demonstrations were purchased at minimum cost and are carried from county to county. In each case, teachers are told where they can buy essential supplies and approximately what cost, to demonstrate to board members, teachers, and parents that a rather adequate school health program may be carried out in the average rural or small town school at little expense to the district.

Realizing that by midafternoon these teachers have been served an abundant meal of health education and that some of the essentials may be lost in the digestive process, a bulletin called "Health Aids for Teachers" has been prepared and is distributed to all teachers attending the demonstrations. This bulletin contains a brief review of the fundamental steps demonstrated together with pertinent references on each subject.

To date we have conducted demonstrations in thirty counties reaching approximately 3,500 persons, three-fourths of whom were elementary teachers. An attempt to evaluate the effectiveness of the program by questionnaires to superintendents brought a unanimous response that the demonstrations were practical and that they provided teachers with information and methods which could be put to use in the classroom. The deluge of requests to the State Health Department for Snellen Vision charts, growth records, bulletins, and other materials furnishes reasonable evidence that teachers are practicing the methods they saw demonstrated.

In conclusion, may I say that I realize this experience possesses little or nothing that would mark it as unique. We have tried to approach our in-service training problem in a somewhat different way, and we have found our teachers eager to assume more responsibility for health if we will show them how.

* * * * *

THE PHILOSOPHY OF A SPECIAL SCHOOL

EDWARD H. STULLKEN*

Excellent provision can be made for caring for problem cases if school systems provide staff organizations such as bureaus of child study, departments of attendance, visiting teachers, adjustment teacher services, and special day schools, to serve all schools in helping to adjust individual problem cases. An excellent example of such service is found in the Montefiore School of Chicago which cares for underprivileged and unadjusted boys. The school is designed for those who need special attention educationally, psychologically, and mentally. It is for boys who have fallen behind the grades in which boys of their age belong. It is for boys who have been unable to get along in the regular schools, for those who need special methods, and for those who have interests and aptitudes that need to be discovered and developed. Reasons for their unadjustment in the regular schools are many and not necessarily the fault of the school, but whatever the reason, the boys transferred to the Montefiore are boys not wanted elsewhere and sad, indeed, is the boy who, because of social maladjustment knows he is not wanted. It may be his own fault, yet he may be unable to adjust himself and he always needs special help.

The Montefiore School enrolls approximately 675 boys. The age range is from ten to seventeen years of age. Approximately 60 per cent are sent to the school because of truancy, 30 per cent because of misbehavior, and 10 per cent because of more serious maladjustments. During the ten years of the school's existence the medium age of all enrolled has ranged from 13 years 9 months to 14 years 8 months and the median grade placement has varied from the sixth grade, second month, to the eighth grade, first month. The average retardation in school work is approximately two and one-half years. The grades represented range from the fourth grade through the tenth grade. The median I. Q. of all the boys enrolled in the school has varied from 80 to 90; but since many pupils have language and reading disabilities, the intelligence quotients would, no doubt, be somewhat higher if strictly non-verbal tests were always employed. Approximately one half of the pupils enrolled are unable to compete in the ordinary type of intellectual work required in a regular school.

The boys are transferred to the Montefiore School by school transfer and are not committed by court action as it is the intention to keep boys out of court in every way possible. The transfers are requested usually by the teachers and principals of the regular schools, and if approved by the Assistant Superintendent in charge

* Edward H. Stullken is Principal, Montefiore Special School, Chicago, and Past President, International Council for Exceptional Children.

of Special Education, the transfer is arranged through the Bureau of Compulsory Education. This provision to enroll problem cases in a special day school by a simple transfer instead of committing them to some custodial school through the use of court procedure is a departure from the older methods.

Boys are in school at the Montefiore for six and a half hours daily, five days a week for twelve months in the year. The Board of Education provides the carfare for transportation of boys living more than a mile from the school, and also a simple hot noon-day lunch.

Upon entrance a boy is interviewed by one of the social workers and is then placed in a receiving room where he remains for a week or ten days, during which time he is given complete physical and psychological examinations and is observed by the teacher in charge of the room. The receiving room teacher also gives a battery of achievement tests in order to determine his proper grade placement. These tests often reveal peculiarities in his educational abilities and they must be supplemented by diagnostic tests in order to disclose particular subject matter disabilities. As soon as possible he is placed in one of the division-groups of the school in which he seems to fit best. These groups in the Montefiore School may be considered ungraded as far as regular school grade placement is concerned, but the boys are usually quite homogeneously grouped. The factors considered in the boy's placement are: educational, mental, social, physical, and chronological ages; aptitudes and interests, disabilities, and personality traits. The placement of the boy is made by the school psychologist in conference with the receiving room teacher and one or both discuss the matter with the boy and his own suggestions are always considered and often tried. The placement is not final, the grading is very elastic and changes are made whenever they seem advisable. The flexibility of the school's curriculum, the absence of a rigid grade placement and the elastic and continuous programming are further evidences of departures from regular school procedures in the care of problem cases.

The boys spend part of their time in academic work in mathematics, reading, English and social studies; part in laboratory and shop activities of various kinds; and part in organized recreational groups.

An electric and metal shop, several woodshops, a crafts' laboratory, a well equipped print shop, an auto shop, and a mechanical drawing room meet the needs of boys mechanically inclined. Three science laboratories, music, art, and library facilities are other features that care for the educational needs as well as regular classes in the traditional subject matter fields.

The school has a fully equipped dentist's office, the room and equipment having been furnished by the Board of Education. A

doctor's office and a psychiatrist's office are also provided. Through the co-operation of the Department of Health a full-time dentist, who does both corrective and educational work, is provided. In the same manner, the Department of Health cooperates in furnishing a doctor and a nurse. The doctor gives every boy a thorough physical examination and in cooperation with the nurse and teachers attempts to secure as many physical corrections as possible. The school is equipped with a bathroom providing showers and basins for the use of the boys. An attendant is in charge at all times. The Institute for Juvenile Research, the Mandel Clinic of the Michael Reese Hospital, the Bobs Roberts Memorial Hospital for Children, the Clinic of the Children's Memorial Hospital, and the North Side Child Guidance Clinic have furnished psychiatric services for such cases as were known to them, and in addition the Board of Education furnishes a psychiatrist on a part-time basis.

The services of social workers are indispensable in preventing juvenile delinquency and there is no adequate substitute for the services of these professionally trained workers. The Montefiore School has these services performed by regularly assigned teachers who have had social work experience and have had the necessary professional training. These workers make full case studies on all problem cases. In addition, the school has two full-time truant officers supplied by the Department of Compulsory Education of the Board of Education. These officers work on the basis of removing the causes for truancy and, by giving immediate service when a child is absent, secure regular attendance by boys who were formerly habitual truants.

One teacher does special work with boys who have distinct reading disabilities and about 25 per cent of all the boys who enter the Montefiore School have some reading disability. That the work in remedial reading is effective is shown by the reports of the psychologist which reveal that, on an average, boys make about three months' progress in reading for each month spent in a remedial reading class; and furthermore, when the boys find that they can learn to read they cease to be problems and readily adjust to the rest of the school's program.

The above account of the work of the school indicates that it maintains a laboratory situation where pupil adjustment can be studied. A doctor, a nurse, a dentist, a psychologist, a psychiatrist, truant officers, a director of personnel work who is a professionally trained social worker, a special speech teacher, a teacher of remedial reading, as well as carefully selected and specially prepared classroom and shop teachers, all work under the direction of the principal to discover all they can about the needs of the boys enrolled. This feature makes the Montefiore School unique in that it combines many of the facilities of a child guidance clinic with those of a special school. Such an arrangement makes it possible

to carry out the diagnosis and treatment of a case simultaneously, whenever such a need is indicated, in a much more satisfactory manner than if clinic and school were far removed from one another. The combination of clinical and school facilities acting as a single well co-ordinated unit is a distinct departure from the usual provisions for caring for problem cases. It is also an indication of what is needed if schools are to prevent delinquency. The Phi Delta Kappan, March, 1940, pp. 347-349. Abstracted by Chas. H. Keene, M.D.

* * * * *

Harry B. Burns, M.D., Director of the Department of Hygiene, Public Schools, Pittsburgh, Pennsylvania, is retiring at the end of this school year. The members of his staff are planning a reception for him at which his many friends and associates can meet and pay their respects to him on June 24 at the Hotel Schenley, Pittsburgh.

Dr. Burns was one of the first Directors of Hygiene in any public school system in this country. Through the years he has built up and maintained what is one of the best Departments of School Hygiene in existence. It includes the school health service—that is the activities of physicians, nurses, dentists, clinics, special classes, psychological examinations, etc.—the teaching of hygiene, and the physical education program. Dr. Burns should be much gratified over the successful career that he has had.

* * * * *

Dr. Gudakunst,—Dr. Don W. Gudakunst, U. S. Public Health Service, has been appointed medical director of the National Foundation for Infantile Paralysis, effective February 1. He will have his office at the foundation's headquarters at 120 Broadway, New York. Dr. Gudakunst graduated at the University of Michigan Medical School, Ann Arbor, in 1919. He served for many years with the Detroit Department of Health being in charge of the school health service, and later as Commissioner of Health for Michigan. He was also professor of preventive medicine and public health at Wayne University College of Medicine, Detroit. Dr. Gudakunst was formerly a member of the Governing Council of the American School Health Association. The Journal of the American Medical Association, February 17, 1940, p. 596.

* * * * *

Commercial Orangeade in School Lunch Room,—This beverage is made of a commercially canned orange base containing added citric acid, water, and considerable sugar. It is bottled in half pints and distributed by some dairies. Many school lunch rooms sell it. Children pay 4 or 5 cents per bottle and get about one ounce of real fruit, the rest is sugar and citric acid. The same may be said about soft drinks generally; the sole nutrient of many is sugar plus flavoring! In proportion to the cost, children get little nourishment compared with that derived from milk, cocoa, and fresh fruits such as oranges, grapefruit, apples, and bananas. Illinois Health Messenger, April 1, 1939, p. 76.

HOW THE PHYSICAL EDUCATION PROGRAM OPERATES IN A TYPICAL JUNIOR HIGH SCHOOL*

LOUISE A. BURNETT,
Teacher of Physical Education, School 42,
Baltimore, Md.

The girls' and boys' gymnasiums of the Garrison Junior High School are identical in reverse, and each consists of a well-lighted unobstructed room having adequate equipment. Outdoors are two enclosed hard-surfaced yards, and two standard athletic fields. Each class has about 80 students. Soon after the bell sounds the end of a period, the members of the next class eagerly enter the locker room. They are allowed six or seven minutes in which to get into gymnasium costume. Students who are ready first start their activities without command from the teacher. The instructor's object is to give continuous activity, and to include four different kinds of exercise in each period. The main types of activity are achievement tests, dances, games, marching tactics, freehand exercises, stunts, and showers.

Achievement tests and apparatus stunts are usually scheduled as squad activities, to be begun at once, under the direct management of the squad leader, supervised by the teacher. This type of activity usually occupies about ten minutes. Marching tactics and drill, commanded by the teacher and performed by the class as a whole, occupy about five minutes. The remainder of the class period, five or ten minutes, allows time for instruction in dancing, games, tumbling or other stunts before the class adjourns to the showers.

Since many of the classes are quite large, well-conducted squad activities are very important. The leaders are given instruction as a group at special meetings held after school and upon them is placed the responsibility of directing their squads and in keeping the records.

The afterschool program is sponsored by the Athletic Association under the direction of the four teachers in the physical education department who are assisted for bowling and table tennis by teachers in other departments. The program is designed to engage every student in the school. All are welcome to participate and to join a team or group. Membership in the Athletic Association is open to all students, but it is not compulsory. Players are welcome, whether members or not.

An attempt is made in the afterschool program to put the student himself in charge of his own activities. Teams are formed and managed by the players themselves. Referees are often older

* Reprinted from the Baltimore Bulletin of Education, November-December, 1939, page 34.

students carefully selected. Score sheets are made out and signed by the referees and players.

Sports vary with the season and games are played outdoors whenever the weather permits. Elimination and round-robin tournaments are held in volleyball, touch football, soccer, basketball, softball, wrestling, field hockey. Ladder tournaments are popular in badminton, deck tennis, and table tennis. Archery and bowling give opportunity to compete against one's own score. Bowling also involves team competition within a school league.

Several popular activities offer no competition, instead they offer the thrill of personal accomplishment. Ice skating, which is a regular activity throughout the season, apparatus work, and tumbling are of this type. The two annual school hikes each attract over a hundred eager youngsters. Certain sports like wrestling and touch football are activities for boys; others like dancing, and field hockey are for girls. Boys and girls participate together in Athletic Association meetings, ice skating, school hikes, and bowling.

An enthusiastic group of youngsters—visibly growing in skills, accuracy, agility, strength, endurance, and personality—these are permanent values, these more than justify our efforts.

* * * * *

The Annual School Health Education Institute in Michigan, sponsored by the Michigan School Health Association and the Division of Hygiene and Public Health of the University of Michigan was held at Ann Arbor on Friday, April 26, 1940. The report of the Committee on Health Education of the Michigan Curriculum Program, and a panel discussion on Health Education in the School made up the program.

* * * * *

Summer Classes For Sight-Saving Teachers,—The National Society for the Prevention of Blindness announces the following summer courses for the preparation of teachers and supervisors of sight-saving classes.

Oregon State System of Higher Education, Portland, Ore., elementary course, June 17 to July 26, under Miss Olive S. Peck, Cleveland.

Wayne University, Detroit, elementary course, June 24 to August 2 or July 1 to August 9, under Miss Margaret M. Soares, Detroit.

State Teachers College, Buffalo, N. Y., elementary courses, July 1 to August 9, under Miss Matie M. Carter, Albany, N. Y.

University of Minnesota, Minneapolis, advanced course, June 17 to July 26, under Mrs. Winifred Hathaway, New York. Journal of the American Medical Association, May 18, 1940, p. 2040.

THE BALTIMORE ACHIEVEMENT STANDARDS IN PHYSICAL EDUCATION*

BENJAMIN G. KREMEN,

Teacher, School No. 85, Baltimore, Md.

In physical education, just as in other subjects of the curriculum, properly administered and interpreted tests give the teacher the necessary information regarding the capacities and abilities of his students and enable him to organize and carry out a purposeful program. In physical education, it is highly desirable that there should be measures which enable the student himself to see and feel his growth. To this end a self-testing program was evolved wherein students test themselves, rate themselves, according to a scale of established standards, record their ratings, and watch their own growth.

A squad leader, generally chosen for ability, has a card on which the names of six to ten students in a squad are written. Each squad performs some one of the tests. At a given signal, the squads rotate, so that the students who were jumping move to the chinning bar, students on the chinning bar move to the track, etc. The squad leader, who is familiar with, and has been instructed in the various levels of the standards and in the techniques of scoring, marks each student in a squad on the card for that group. At stated times, each student copies his own record on his personal record card. The squad cards constitute a permanent record of the school. The personal record cards may be taken home several times during the term and become the student's property at the end of the year.

The Baltimore city-wide achievement standards were designed primarily to provide the physical education instructors with a good system of marking which would not only be objective, so far as possible, but would furnish a basis for comparing and judging a student's relative worth, indicate credit for improvement, and take into account the pupil's innate capacities. A committee of teachers prepared a list of 60 tests and stunts which were designed to test power, speed, agility, endurance, accuracy, or a combination of these. Teachers all over the city were asked to try them out and report their findings. Meetings were held at which the reliability, practicability, safety, popularity, objectivity, and value of the suggested tests were discussed. The list was finally limited to the ten tests which are used today. The standards of accomplishment which advance in difficulty for each of the nine physical groups of students were established by an analysis of the results of 200,000 test scores made by Baltimore students.

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* Reprinted from the Baltimore Bulletin of Education, November-December, 1939, page 35.

Once the tests and goals were set up, there remained the problem of classifying the students into groups and setting up standards. This problem was solved by using Dr. Burnett's plan of subdividing students into nine groups based on their physical coefficient or test number which is calculated by adding together the pupil's age in months, his height in inches, and his weight in pounds. Any child above the third grade usually has a test number between 200 and 400. Those students who have a test number of 224 or less comprise the first group; those from 225 to 249 constitute the second group; and each additional 25 points forms a higher group until the group having a coefficient of 400 or more is reached. This system of classification which brings together pupils having similar abilities has been widely adopted in public schools of other states.

The formulators of the program do not make any rash claims for this system. Their reason for adopting the program, in their own words is, "to have a uniform method of rating pupils taking the courses in physical education." They do not claim that the methods of classifying pupils is "scientifically accurate or all inclusive." They do say and rightly so, that this system of finding a test number for a student and having him perform an accuracy or speed skill which has a definite grading system has the practical value of motivating the program, of promoting wholesome competition, and strengthens the desire to excel one's previous record.

The tests, moreover, do more than give the teacher a basis for a mark and motivate the student's interest in the physical education activity. A glance at the achievement record of the students at the beginning of the term enables the teacher to group the class according to ability, thus further enabling him to plan a more worthwhile and interesting program.

The achievement tests act to some extent like a diagnostic test by giving information on which personal help to students in corrective procedure may be based. If a student is noticeably lacking in strength, the instructor, recognizing this fact by a poor showing in the pull-ups and push-ups, can suggest exercises to correct this condition. The same situation is true in regard to speed, skill, and endurance.

To the student, the achievement tests are like a game which one practices over and over again in order to become more proficient. The concrete measurements give him something to talk about, and he is interested in seeing his improvement from term to term.

Such tests and measurements are important means to an end. As they give accurate information concerning the student, or, as they motivate intelligent practice and interest in physical improvement, they contribute greatly to the art and science of physical education. Samples of forms used follow:

PERSONAL ACHIEVEMENTS

Each quarter I enter school with a perfect score of ten points each in Health Habits, Posture, Leadership and Sportsmanship.

If I commit one of the following listed errors during school time, my teachers are required to note it and reduce my credit by one or more points each time.

DO and DO NOT points	QUARTER 1st	2nd	3rd	4th
HEALTH HABITS 10 Cleanliness of skin, hair, teeth, nails and clothing. Avoid gum chewing, dirty nails, lost buttons, soiled gymnasium suit.....				
ERECT POSTURE 10 Good body mechanics. Try NOT to (1) toe outward; (2) thrust shoulders far back; (3) rest weight on heels; (4) hold head to one side or drooping forward; (5) allow chest to sink inward.....				
ACHIEVEMENTS 50 Ten tests of skill, agility, strength and endurance in runs, jumps, climbs, throws, turns and lifts. I must at least show effort in attempts to perform tests.....				
LEADERSHIP AND FOLLOWERSHIP 10 in Squads, Teams and Mass Exercises. I must NOT (1) shirk assignments; (2) come unprepared; (3) wear inappropriate costume; (4) quit before game or race is finished.....				
TEACHER SELECTED RHYTHMICS OR GYMNASTICS 10 I must try to execute exercises in good form as demonstrated by my teachers and leaders.....				
HELPFULNESS, SPORTSMANSHIP 10 Character exhibited during games and classes. I should NOT (1) dispute umpire; (2) take advantage of rules; (3) commit an intentional foul; (4) crow over victory; (5) whine over defeat.				
MY TOTAL CREDIT IN HEALTH AND PHYSICAL EDUCATION				

DEPARTMENT OF EDUCATION

Baltimore, Maryland

DIVISION OF HEALTH AND PHYSICAL EDUCATION

PERSONAL RECORD CARD

Of ..... { Class.....
Class.....

Address..... School No.....

My Teacher is { .....1st Term or Semester
.....2nd Term

For the School Year 19..... to 19.....

This is my personal record in the Health and Physical Educational classes for one year. I have copied the figures from the permanent records appearing on the squad cards of the school.

This card will be kept in the gymnasium office where it may be borrowed by me for correction when approved tests are made. This card will become my property only at the end of the school year.

My scores for each quarter should show a progressive improvement, not only because of growth but because of frequent repetition of the various tests of skill, agility, strength and endurance.

Standards of accomplishment have been established for the nine physical groups of students present in the fourth to twelfth mental grades, by averaging two hundred thousand tests made in our schools in 1930 and 1931.

TEST NUMBER

My Test Number is obtained by adding age, weight and height. It places me in a group with others having similar physical ability.

Date	1st Quar.	2nd Quar.	3rd Quar.	4th Quar.
1. My Age in Months				
2. My Height in Inches				
3. My Weight in Pounds				
Added Gives My Test Number				

SCORING METHODS

To find my score, I must compare my records with the table of standards above.

Effort scores 1, except in Tumbling which must be performed fairly well to score.

Physical Achievements count fifty percent of my total credit in Health and Physical Education.

Health Habits, Posture, Leadership and Sportsmanship count forty percent according to the standards stated on the last page.

General classwork in activities such as gymnastics, athletics, or dancing selected by my teacher counts ten percent toward a possible score of 100 in Health and Physical Education.

PHYSICAL ACHIEVEMENTS

	TESTS	Possible Tests	1st Quar. Rec.	1st Quar. Score	2nd Quar. Rec.	2nd Quar. Score	3rd Quar. Rec.	3rd Quar. Score	4th Quar. Rec.	4th Quar. Score
	Standing Broad Jump	5								
	Pull Ups or B.B. Throw	5								
	yd. Dash	5								
	Goals per Minute	5								
	Running High Jump	5								
	Leg Raising	5								
	Potato Race	5								
	Push Ups	5								
	Rope Climb	5								
Tumbling	Front Roll	1								
Tumbling	Back Roll	1								
Tumbling	Head Stand	1								
Tumbling	Dive and Roll	1								
Tumbling	Cartwheel	1								
	CREDIT IN TESTS	50								
	CLASS WORK	10								

PERSONAL ACHIEVEMENTS

Health	10				
Posture	10				
Leadership	10				
Sportsmanship	10				
TOTAL CREDIT	100				

BALTIMORE PUBLIC SCHOOLS — PHYSICAL ACHIEVEMENT STANDARDS—REVISED 1937-1938

Test. No.	Score	Standing Broad Jump		Overh'd Bskth'll Throw	Pull Ups	Dash		Goals Per Min.		High Jump		Leg Raise		Potato Race		Push Ups		Rope Climb		Tumbling On Mat
		B	G	G	B	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
224 or less	5	5ft. 0in.	4ft. 8in.	24ft.	4	40— 7-2/5	7-4/5	4	4	3ft. 3in.	3ft. 2in.	8	6	4 15-4/5	16	9	12	13ft.6in.	13ft.6in.	Ft R & Head St
	4	4ft. 6in.	4ft. 3in.	20	3	yd. 7-4/5	8sec.	3	3	2ft.11in.	2ft.10in.	6	4	1	17-1/5	6	7	11ft.	11ft.	Head Stand
	3	4ft. 2in.	4ft. 0in.	18	2	8-1/5	8-1/5	2	2	2ft. 8in.	2ft. 6in.	4	3	17-4/5	18	4	3	8ft.6	6 grips	Front Roll
	2	3ft.10in.	3ft. 9in.	16	1	8-3/5	8-3/5	1	1	2ft. 5in.	2ft. 2in.	2	1	18-3/5	18-4/5	1	1	6ft.	3 grips	Rabbit Hop
225— 249	5	5ft. 4in.	5ft. 0in.	26ft.	5	40— 7-1/5	7-3/5	5	5	3ft. 6in.	3ft. 3in.	9	7	4 14-4/5	15	11	13	16ft.	13ft.6in.	Bk R & Head St.
	4	4ft. 9in.	4ft. 6in.	22	3	yd. 7-2/5	7-4/5	3	3	3ft. 1in.	2ft.11in.	7	5	16-3/5	16-4/5	7	8	13ft.6	11ft.	Back Roll
	3	4ft. 4in.	4ft. 2in.	20	2	7-4/5	8sec.	2	2	2ft. 9in.	2ft. 7in.	4	3	17-2/5	17-3/5	5	4	11ft.	8ft.6	Head Stand
	2	4ft. 0in.	3ft.10in.	17	1	8-1/5	8-2/5	1	1	2ft. 6in.	2ft. 3in.	2	2	18-1/5	18-2/5	2	1	8ft.6	6ft.	Front Roll
250— 274	5	5ft. 8in.	5ft. 4in.	28ft.	6	40— 7sec.	7-2/5	6	6	3ft. 9in.	3ft. 4in.	10	8	4 13-4/5	14	13	14	16ft.-18s	16ft.	Dive & Head St
	4	5ft. 0in.	4ft.10in.	24	4	yd. 7-1/5	7-3/5	4	4	3ft. 3in.	3ft. 0in.	7	6	15-4/5	16	9	9	16ft.-22s	13ft.6	Dive & Roll
	3	4ft. 6in.	4ft. 4in.	22	3	7-2/5	7-4/5	3	3	2ft.10in.	2ft. 8in.	5	4	16-4/5	17	6	5	13ft.6	11ft.	Back Roll
	2	4ft. 2in.	4ft. 0in.	18	2	7-4/5	8-1/5	2	2	2ft. 7in.	2ft. 4in.	3	3	17-4/5	18	3	1	11ft.	8ft.6	Head Stand
275— 299	5	6ft. 0in.	5ft. 6in.	30ft.	7	50— 7-4/5	8-1/5	7	6	3ft.11in.	3ft. 6in.	11	9	6 26 sec.	29 sec.	15	15	16ft.-16s	16ft.-22s	Crtw & Head St
	4	5ft. 6in.	5ft. 0in.	26	5	yd. 8sec.	8-3/5	5	5	3ft. 5in.	3ft. 2in.	8	7	28 sec.	30	11	10	16ft.-20s	16ft.-24s	Cartwheel
	3	5ft. 1in.	4ft. 8in.	24	4	8-1/5	9sec.	3	3	3ft. 0in.	2ft.10in.	6	5	29	32	7	5	15ft.6	13ft.6	Dive & Roll
	2	4ft. 7in.	4ft. 3in.	20	2	8-3/5	9-2/5	2	2	2ft. 9in.	2ft. 6in.	3	3	31	34	3	2	11ft.	11ft.	Back Roll
300— 324	5	6ft. 6in.	5ft. 8in.	31ft.	8	50— 7-3/5	8sec.	8	7	4ft. 1in.	3ft. 8in.	12	10	6 25 sec.	28-2/5	17	17	16ft.-14s	16ft.-20s	Head St & Flip
	4	6ft. 0in.	5ft. 2in.	27	6	yd. 7-4/5	8-2/5	6	6	3ft. 7in.	3ft. 4in.	9	7	27	29-2/5	12	11	16ft.-16s	16ft.-22s	Mule Kick
	3	5ft. 6in.	4ft.10in.	25	4	8sec.	8-4/5	4	4	3ft. 2in.	3ft. 0in.	6	5	28	31	8	6	13ft.6	13ft.6	Cartwheel
	2	5ft. 0in.	4ft. 6in.	21	2	8-2/5	9-1/5	3	2	2ft.11in.	2ft. 8in.	3	3	30	33	4	2	11ft.	11ft.	Dive & Roll
325— 349	5	7ft. 0in.	5ft.10in.	32ft.	9	50— 7-2/5	7-4/5	9	8	4ft. 3in.	3ft.10in.	13	11	6 24 sec.	28 sec.	19	19	16ft.-12s	16ft.-19s	Back Flip Up
	4	6ft. 4in.	5ft. 4in.	28	7	yd. 7-3/5	8-1/5	7	7	3ft.10in.	3ft. 6in.	10	8	26	29	14	12	16ft.-16s	16ft.-21s	Head St & Flip
	3	5ft. 9in.	5ft. 0in.	26	5	7-4/5	8-3/5	5	5	3ft. 5in.	3ft. 2in.	7	6	27	30	9	6	16ft.	13ft.6	Front & Bk Roll
	2	5ft. 2in.	4ft. 8in.	22	3	8-1/5	9sec.	3	3	3ft. 2in.	2ft.10in.	4	4	29	32	4	2	13ft.6	11ft.	Cartwheel
350— 374	5	7ft. 4in.	6ft. 0in.	34ft.	10	80—10-3/5	50-7-2/5	10	8	4ft. 5in.	4ft. 0in.	14	12	8 37 sec.	6 27-3/5	21	20	11 sec.	16ft.-18s	High Dive
	4	6ft. 8in.	5ft. 6in.	30	8	yd. 10-4/5	yd. 8sec.	8	7	4ft. 0in.	3ft. 8in.	11	9	40	28-3/5	15	12	15ft.	16ft.-20s	Back Flip Up
	3	6ft. 2in.	5ft. 2in.	28	5	11sec.	8-2/5	6	5	3ft. 8in.	3ft. 4in.	8	7	42	29-3/5	10	7	19	16ft.up	Head St & Flip
	2	5ft. 4in.	4ft.10in.	24	3	11-2/5	8-4/5	4	3	3ft. 5in.	3ft. 0in.	4	4	44	31-1/5	5	3	22	13ft.6	Fr & Back Roll
375— 399	5	7ft. 8in.	6ft. 2in.	36ft.	11	80—10sec.	50-7-1/5	11	9	4ft. 6in.	4ft. 1in.	15	13	8 36-3/5	6 27-1/5	23	21	10 sec.	16ft.-17s	Hand St (3sec)
	4	7ft. 0in.	5ft. 8in.	32	8	yd. 10-2/5	yd. 7-4/5	9	8	4ft. 2in.	3ft.10in.	11	10	39	28-1/5	17	13	14	16ft.-19s	Tip up
	3	6ft. 4in.	5ft. 4in.	30	5	10-4/5	8-1/5	7	6	3ft.10in.	3ft. 6in.	8	7	40	29-1/5	11	7	17	16ft.up	Round Off
	2	5ft. 6in.	5ft. 0in.	26	3	11-1/5	8-3/5	5	4	3ft. 7in.	3ft. 2in.	5	4	43	30-4/5	6	3	20	13ft.6	2 Front Rolls
400 or more	5	8ft. 0in.	6ft. 4in.	38ft.	12	80— 9-4/5	50-7sec.	12	10	4ft. 7in.	4ft. 2in.	16	14	8 36 sec.	6 27 sec.	25	22	9 sec.	16ft.-16s	Hand Spring
	4	7ft. 3in.	5ft.10in.	34	9	yd. 10-1/5	yd. 7-3/5	10	8	4ft. 3in.	3ft.11in.	12	11	38	28	19	14	12	16ft.-18s	Hand St (3sec)
	3	6ft. 6in.	5ft. 6in.	32	6	10-3/5	8sec.	8	6	4ft. 0in.	3ft. 8in.	9	8	40	29	13	9	15	16ft.up	Fr & Back Roll
	2	5ft. 8in.	5ft. 2in.	28	4	11sec.	8-2/5	6	5	3ft. 9in.	3ft. 4in.	6	5	42	30-2/5	7	3	18	13ft.6	Round Off

Test Number obtained by adding Age in months to Height in inches, to Weight in pounds Note: 5—Excellent; 4—Good; 3—Fair; 2—Passing; 1—Effort but failure.

CORRECTIVE WORK IN PHYSICAL EDUCATION*

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In 1917, on our entrance into the World War, the public was startled by the amazing percentage of men rejected in the draft because of flat feet, poor eyesight, malnutrition, heart ailments, and venereal disease. Since that time educators have realized that the efficiency and happinss of too many people are impaired by defects which can be corrected in the early stages and that some of this work of correction is within their own field of endeavor.

At the opening of school, all students who, in the judgment of the physical directors, need corrective work or exemption from physical activities are sent to the school doctor for a physical examination. The information thereby gained places each student in one of the following four groupings:

1. Partial exemption: Those who require restricted physical activity, but are able to do some of the work of the regular classes.
2. Corrective and rest cases: Those assigned to the particular attention of the physical director or to the corrective room.
3. Temporary cases: Those temporarily excused from the gymnasium and sent to the library until their condition allows them to start corrective exercises.
4. Permanent exemptions: Those students excused entirely from the gymnasium and corrective room and who are assigned to the library. These students study and write papers on assigned subjects pertaining to health and physical education. Many of these cases are now included in the corrective group and are given general exercises for improving posture. Cases of slight heart ailments, underweight, overweight, structural injury, relaxed arches, and post operative weakness have shown good results with this treatment.

There is a constantly changing personnel within these groups. When, in the opinion of the physical director and the school doctor, the student's condition warrants a change, he or she is moved to that group which best meets the student's need. The change may be from complete rest to active work in the corrective room; from an active corrective class to a regular class. In another instance, a permanently excused student may, on the advice of the family

* Reprinted from the Baltimore Bulletin of Education, November-December, 1939, page 39.
** Baltimore, Md.

physician, begin with corrective work or enter into complete class work. At the same time teachers are on the alert to detect students who show a developing physical defect. Such students, when discovered are sent to the school doctor for an examination. The postural maladjustment is considered and correction prescribed. Thus a student's need is met as soon as discovered.

The exercises given in the corrective work are not unique. They have been developed and used by physical educators throughout the country.*

It is important, however that the teacher in supervising the assigned exercises, use judgment in proper criticism of their performance and in noting the fatigue level of the student. The number of times an exercise can be executed depends upon the student's strength as does the type of exercise given. One student may show improvement with one exercise, another may not. Success in this work depends upon the student's own persistent and faithful practice, but the value of the inspiration supplied by the teacher through personal interest and enthusiasm cannot be overestimated.

A complete system of corrective work can be instituted in schools without affecting the efficiency of the general physical education program and without elaborate equipment. The requirements for the advancement of corrective work are scheduled periods, cooperation with the school doctor, a quiet place for exercise, and the interest of both student and teacher.

* Burnett, Louis R. Correctives for the Handicapped. Nation's Schools, Vol. 24, No. 3, p. 37, September, 1939.

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Tuberculosis,—The conclusion of the authors,* based on their own studies and supported by those of others, are that the mortality from tuberculosis in adolescents is high and treatment very discouraging. Morgan, reporting in 1938 on 320 cases of boys and girls 10 to 18 years of age treated in the sanatorium prior to 1933, found that 62 per cent were dead, 14 per cent under treatment, 17 per cent well, and 7 per cent not located. The treatment in this series consisted of prolonged bed-rest supplemented by pneumothorax in a few cases, and then given only after a period of waiting. Zacks recently studied 186 cases treated in a sanatoria and observed for a period of about four years. Those that had routine sanatorium treatment only, showed a mortality of 30.9 per cent for boys and 34.4 per cent for girls; those that had sanatorium treatment plus pneumothorax, showed a mortality of 8.5 per cent for the boys and 23.1 per cent for the girls. In the authors' group observed for five to ten years, the deaths were 4.8 per cent for the boys and 27.5 per cent for the girls. Half of these cases were given penumothorax.

* Treatment of Pulmonary Tuberculosis in Adolescents, Henry D. Chadwick, M.D., and Helen W. Evarts, Amer. Rev. of Tuber., Vol XLI, No. 3, Mar., 1940. Abstracted from Tuberculosis Abstracts, June, 1940.

THE DANCE IN EDUCATION*

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The dance is peculiarly adapted to the purposes of education. It helps to develop the body, to cultivate the love and appreciation of beauty, to stimulate the imagination and challenge the intellect, to deepen and refine the emotional life, and to broaden the social capacities of the individual.

In the primary grades the rhythmic activities we teach are the traditional singing and dramatic games. The children are asked to do things within their experience: to act out nursery rhymes, to pretend they are the wind chasing the leaves, to be a flower waving in the breeze, to be a walking doll or a bouncing ball. The intermediate grades are taught folk and national dances, and are given an opportunity to do creative work based on the fundamental rythmic patterns developed in the primary grades.

In the junior and senior high schools we teach simple and advanced folk and national dances, tap and clog dances, and the modern dance. Folk and national dances, like folk lore, have been handed down from generation to generation. They are excellent for use in the schools because their skills are comparatively simple, and they are essentially expressions of happiness. Tap and clog dancing are fundamentally rhythmic, are self-testing activities, and have an appeal for all ages and interests. The modern dance stresses creation and individuality. Instead of imitating the movements of someone else, the student is stimulated to express the thing which he or she feels, and to do so in as fine and sincere a manner as possible.

The social dance is taught in the secondary schools through club organizations, although it has a definite place in the physical education program. Essentially a romantic dance, and of large social applications, it must be so conducted that the best standards of society are preserved.

The dance serves many purposes in general education as well as in physical education. Throughout the curriculum are opportunities for integration with social studies, with music, and with art. Assembly programs, festivals, pageants, and operettas provide a demand for rhythmic activities. Rhythm is a large factor in all movement, and is a common element in all forms of art. It aids in learning, and adds pleasure to efficiency of movement.

Whatsoever gives youth freedom in movement, smoothing away the stiffness, awkwardness, and jerks that so readily come from the inhibitions set upon the mind, is good education.

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* Reprinted from the Baltimore Bulletin of Education, November-December, 1939, page 40.

Whatsoever gives youth skills with which dramatic and festival experiences may be stimulated and indulged is good education.

Whatsoever gives youth the notion that life is more than money, more than food, more than the maximum production to the squire mile is good education.†

† Williams, J. F., The Principles of Physical Education, Introduction, Saunders, Philadelphia, 1930.

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The Role of the County Nurse.—Early in September the school nurse drives over a bumpy dirt road to the little one-room Rose Valley School to give a rapid school inspection and to prepare the teacher for the coming year.

The nurse entering a consolidated school, goes to the superintendent's office and the plan for the whole year is made out with his help.

The difference between the problems of the one room and of the centralized school lies chiefly in the kinds of contacts made. In the rural school, each child knows the nurse, though she is seldom seen. Her visit is an event. In the city school, the nurse is likely to be one of the "institutions," unless care is taken. The teacher in the rural school depends on the nurse a great deal for actual health classes. The teacher in the consolidated school uses the nurse as a possible avenue through which problems of health and behavior may be cleared. Health teaching is not a separate problem but is integrated with the whole program. The families are not as familiar with the nurse as a personality and the teacher is not as aware of her as a unit in the child's reactions.

The consolidated school has a great deal of fine equipment. The board of education is more in sympathy with the better trained superintendent and the school can be reached more easily.

A great problem in the consolidated school is for teachers to get to know the families. The nurse can help in reporting home conditions to the teacher.

A second problem, that of contagion and sickness, is a matter of general education. The families must learn to keep Mary and Johnny at home when they have a cold or a sore throat. With little children at school from early in the morning until late at night comes the problem of proper rest. This is cared for by the regular nap periods. Hot lunches are served to take care of another need. Proper exercise is another problem.

Consolidation of schools is here to stay. Therefore, it is up to the health department, using the county nurse as an instrument, to aid school system and families in seeing and meeting all of these new problems so that the advantages of the one-room rural school will be preserved and its disadvantages overcome. Claire Gaston, The Nation's School, February, 1940. Abstracted by R. J. Jirinec, M.D.

A TYPICAL DAY IN THE SUPERVISION OF ELEMENTARY PHYSICAL EDUCATION*

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"Oh! The play teacher!" "Do we get you today?" "Does our class have gym?" "Please give us games!" With expressions like these from boys and girls of an elementary school the assistant supervisor of physical education gets an eager welcome even before entering the school building. What a privilege to start the day in the midst of such a spirit of enthusiasm!

After safely passing through the gauntlet of children, the principal, who is expecting you, greets you with the problems which have arisen since your last visit. The organized recess needs attention; a departmental teacher is anxious about rules of soccer for her after-school team; a luncheon hour tournament of interclass games ought to be arranged; diagrams on the playground need painting; the only playground ball lost on a neighboring roof. So unfolds the program of the day, only a part of which can be taken care of during this visit. Rarely does it confine itself to the direct supervision of classroom teachers.

Between the bell that signals the opening of school and the one which actually begins class work, the assistant supervisor is busy with the boys in charge of equipment, giving assistance and advice for its care. These boys see that class leaders are given the proper supplies for recess games, and are responsible for the condition, the distribution, and the return of equipment.

Opening exercises are finished. A class with its teacher has reached the playground to meet with the assistant supervisor. Class squad leaders take charge of getting their members in readiness for the lesson; the teacher and assistant supervisor are speaking together concerning various phases of the work. In these few minutes of conversation the assistant supervisor finds a foundation upon which to build the assistance she is to contribute. For part of the time, the classroom teacher conducts her class as she would during her regular period of physical education. The assistant supervisor observes the procedure, frequently mingling with the children to learn their responses and to offer helpful suggestions. Activities used in the instruction period are those planned by the teacher from the bi-monthly sheet of suggested activities prepared by the assistant supervisors and given to each teacher. The latter part of this half-hour period is conducted by the assistant supervisor who explains any new or needed activities through demonstration with the class. To visualize and under-

* Reprinted from the Baltimore Bulletin of Education, November-December, 1939, page 41.

stand the rules and plays of a game from their written description in a course of study is difficult for those who are not specially trained in physical education.

A few minutes at the end of the period are set aside for a critique of the teacher's part of the lesson. The relationship here is solely—one of guidance, to encourage the teacher to be happy and confident in carrying out with her best efforts an activity often strange to her.

The lesson is a desirable one if time and material have been well planned and presented; if the children have had a joyous time; if worthwhile learning habits have been formed; if there has been stress upon fair play; if there has been activity for all; if leadership and followership have been encouraged.

Another class arrives and the general method of supervision is similar but never a routine matter. Varied personalities of teachers and children must be considered along with the special needs of their respective situations.

The recess bell rings. Children come in an anxious swarm to the playground. The buzz of voices is responding to the open spaces and the freedom of the out-of-doors. It is time for recreation and fun. "Our game today is softball. We play on diamond number one," shouts a squad leader. "Come on! Let's get the game started!" "We play shuffleboard!" Soon the swarm has spread out, covering the assigned play spaces for recess games. The assistant supervisor is on the playground as an active spectator of the whole situation. In traveling from one group to another it is possible for her to detect those things which contribute to the success or failure of this modern use of recess time. Are the activities a satisfying experience for the child? Is the game being played safely and in a safe place? Does good sportsmanship exist? Do all players have a chance to participate? These are a few of the major questions in the mind of the supervisor.

The recess period is the assistant supervisor's one opportunity to see the entire school at play. Since an organized recess should be a direct carry-over of the physical education instruction it is a valuable time for the assistant supervisor. Play habits found here give an indication of the type of physical education guidance the school requires.

The time reserved near the end of the day has numerous demands upon it. It is used to work again on the most imperative requests of the principal stated at the morning interview. Recess corrections are made, which may include a short talk to the class concerning a poor play spirit. Numerous things noticed during the day that would help the physical education program function efficiently in the absence of the assistant supervisor are given attention.

Finally, the after-school period allows time for the conduct of interclass tournaments in team games. When the school has a representative team in a highly organized season sport, the supervisor may assist in the necessary practice sessions.

Thus, two days of service are never alike and the assistant supervisor of elementary physical education performs a type of service much appreciated by both teachers and pupils.

Two weeks or more will elapse before she can return to a particular school. Notwithstanding this, and the great number of schools under her care, there exists a definite sense of belonging. Each school is spoken of as "my school." "My school" in which to guide and direct the physical education program into channels that are in harmony with all education.

* * * * *

Father of Swedish Gymnastics,—On May 3, 1839, the death occurred of Petter Henrik Ling at the age of 63 years. He was then at the head of the Central Gymnastic Institute, honored at home and abroad. The son of a poor clergyman, he lost his father at the age of two and was brought up in most humble circumstances. He graduated at the University of Lund and continued to study in Upsala. But he never qualified as a doctor. His gifts as a poet and author were full of promise, but it was in gymnastics that he earned a place in the history of medicine. During the century which has passed since his death there have been countless developments in gymnastics, yet the principles he laid down are held to be as sound today as they were when his forceful personality was behind them. The Central Gymnastic Institute, which he founded, has remained ever since as a school for the teaching of gymnastics in health and disease, and it has maintained that high standard which has placed Swedish gymnastics in so prominent a position in the world. He made gymnastics a national movement which, beginning in the schools and soldiers' camps, came to inspire the whole community. Throughout Sweden this year Ling's memory is being paid tribute to, and it is no mere chance that the Swedish government is opening this year an institution for the teaching of the physiology and hygiene of bodily exercises.

At first, the public was inclined to jeer at a man fanatically devoted to the light he followed. But the medical profession took him and his cause seriously, and the Swedish Medical Society honored itself by electing him a member in 1831. Journal of the American Medical Association, October 28, 1939, p. 1654.

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EDITORIAL

"Eclecticism" in Physical Education. "Selecting or made by selection from different systems or sources" is an accurate definition of the physical education of today in the United States, as well as the dictionary definition of "Eclectic."

The physical health building and recreative activities of any people reflect largely the needs and attitudes of those concerned. Not infrequently in history, special needs of industry, of preparation for war, or the demands of dictators have diverted these activities into unnatural channels. Such artificial programs seldom endure long. The late R. Tait McKenzie, M.D., in his Preface to "A Guide to the History of Physical Education" by Fred E. Leonard, M.D.,* aptly states it thus:

"The shore of physical education is strewn with the wrecks of systems and movements, many of them good in themselves, but left to drift when the personal support and enthusiasm of the founder was removed from the helm. It has only been when some great national crisis had to be faced and the minds of patriots and scholars were engaged in the effort to meet it, that systems have been evolved great enough to survive the death of their founder, the test of time and change in their national conditions. This is notably true of the gymnastics of Denmark, Sweden and Germany. Incomplete as systems of physical education without the addition of games, but logical and accurate in their application to the conditions they have had to meet, whenever similar conditions have arisen it is to them we have turned for inspiration and instruction, and nowhere was this better shown than in the great war of 1914, where crude masses of untrained and underdeveloped men had to be made quick and accurate in response to command and given that control of their bodies that is the true function of physical education in its highest sense."

At about the beginning of this century, those engaged in teaching physical education in this country, went through a severe brainstorm of partisanship regarding various "systems" of physical education.

This being a comparatively recently settled country no type of physical education for teaching the young had been developed. To be sure, the older parts had a number of games, sports, and dances brought over from the British Isles. These fitted well the needs of a rural hard working people. No special implements were needed. The village green, the barns, and the huge farmhouse kitchens offered ample space. As factory industries increased, as cities grew larger, and as people from continental Europe came to make up large sections of our population, both rural and urban, the picture changed.

* Published by Lea & Febiger, Philadelphia, 1923, p. VII.

The new comers to our shores brought with them not only their delightful and healthful folk dances, but fixed and firm ideas as to what should be taught children in our schools in the way of other sorts of physical activities. Each national group thought its own importations to be best. The most vigorous of these groups were the Germans on the one hand and the Swedish on the other, the former being made up largely of heavy gymnastics on apparatus, the latter of gymnastics designed to have a corrective effect, this being the source from which most of our present program in corrective physical education is derived. Meetings of physical educators rang and clanged with the battle of the "systems" until the antagonists almost literally lay gasping. For those of us on the side lines who did not let racial feeling cloud our vision and judgment, it was an interesting, even if irritating and somewhat irrational debate.

There were other systems beside the German and the Swedish. Anyone with an idea, plus a mania for publicity and a skill in oratory and advertising, could get a following. Delsarte, Swaboda, the strength boys, and others followed one another in a bewildering parade. Later we have had "natural" dancing (any dancing, after the element of instruction has entered, ceases to be "natural"), the Bukh gymnastics, etc.

Fortunately these have largely disappeared as such. The educators of this country have tried out and adapted to the needs of childhood those things of these systems which seem most valuable, until we now have a program of physical activities in the best of our schools which include games and sports, dancing in its many phases, athletics, some calesthenics and gymnastics, corrective exercises for those showing faulty body mechanics, and special efforts to teach and to give experience in those sports and competitions that will be used for healthful and recreational purposes long after formal school days are done. It is a program the choice of whose elements is left largely to the participants.

This is truly an eclectic program in physical education. When scientifically and intelligently organized and led, it brings out in the participants the best they can produce, physically, mentally, and socially.

Let us hope that no emergency may be trust upon us which will forbid us this free choice, and force upon millions of our young people the type of education of the physical which Dr. McKenzie mentions. C. H. K.

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ABSTRACTS

Teacher Initiative in the Medical Health Examination,*—This is a plan for conducting the health examination and for health care of pupils, which was established at the Winn Brook School, Belmont, Massachusetts. It is a successful attempt to get away from the routine health examination and to make this a vital experience for the teacher, pupil, nurse, and physician. In this plan the teacher is given responsibility for the physical as well as the intellectual welfare of her pupils.

The pupil was examined in the presence of the teacher, the principal, and the nurse. (No mention is made of the parent.—Ed.) The child was stripped to the waist and given a thorough health examination. During the examination all health conditions were carefully taken up and explained by the examining physician to the teacher and principal.

The teacher, under the guidance of the school physician, compiled a school health history of each pupil, greatly assisting the doctor in forming his judgment about the children.

The result of this combined effort was a mutual understanding of the relation of the physical defects discovered to the child's classroom behavior. Such mutual understanding aided the teacher in teaching the child, and the nurse in her follow-up visits to the home. Moreover, there was an accurate detection of defect cases with an economy of effort.

In the classroom the teachers especially observed each child for the following points: efficiency and spirit, personality and behavior impressions, vigor, sight, speech, hearing, free breathing through the nose, postural behavior, and the use of the child's intellectual equipment. Such indirect observations, made at times when the children were wholly unaware of being noticed, were utilized in ways frequently unforeseen at the moment of observation.

The first important step towards a really cooperative effort was that of *not separating the teacher and pupil* at the time of examination of the child. Thus the teacher has given to her a picture of the whole child.

All of the teachers contributed such an interest in being helpful to their pupils, by relating physical findings to their observations in the classroom, as to make it difficult to determine which teacher was the most interested.

Without the interest and helpfulness of teachers, this type of medical examination could not have been made. Teachers see so much more of the children than the doctor, and have such different contacts from mothers, that their observations frequently prove helpful to both the school and private physician in the care of and care for the child.

* From a paper prepared by William C. Hanson, M.D., School Physician, Belmont, Massachusetts.

Now for five years the teachers in the Winn Brook School have witnessed the unification of various phases of their experiences in relating physical findings of the pupils to their classroom behavior. Most assuredly they have contributed in distinct ways to the enrichment of human experience. Their area of common conceptions of the common welfare of the children is large, as has been evidenced by the expression of interest on their part through the judgment displayed in their work. Each teacher in the school, through her own desires and interest, has come to understand the meaning of "teaching the child with health in the background."

Each teacher soon realized that her presence at the health examination of her pupils was helpful to the child and to herself. Her presence aided the school physician in his effort to help the child and afforded reassurance to the pupil who felt more familiar and at ease with her in the room. Her presence proved educational, for she acquired experience in noting and coping with some of the minor variations from health while developing an understanding tendency to be patient with a backward pupil.

The teacher's presence at the examination has helped her to judge whether the child with minor variations in health could take part satisfactorily in the average curriculum. It also has helped her to know better the pupil with any major defect, to decide whether the child could attend regular school, or whether his entire work should be adjusted at once. Besides getting a truer perspective as to what the school physician is trying to do, the teachers have come to realize how essential is good health in a school teacher, and in general have become interested in getting results. Abstracted by Amos L. Beaghler, M.D.

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Significance of a Positive Tuberculin,—*The first significance of a positive tuberculin reaction is to the patient himself. Myers[31] gives some interesting data. He reports on a large group of children whose average age was eight years and who had positive skin tests. These children were followed for fourteen years. A similar group who at the onset did not have positive tuberculin tests were also followed as a control. At the end of the period there was eight times as much clinical tuberculosis in the group with positive tests as in the group with negative tests. In another communication, Myers[32] states that in a group of children very carefully studied, it was shown that those who have evidence of calcium deposits in the lung parenchyma, the lung hilum, or both, are five times more likely to fall ill from clinical disease during the teen-age period than those children who react positively to the test and have no roentgen-ray

* Beaven, Paul W., M.D., Rochester, New York. "The Value of Tuberculin Skin Tests in Pediatric Practice." Read at the Annual Meeting of the Medical Society of the State of New York, Syracuse, April 26, 1939.

manifestations at the time. In a study published in 1939 by Ch'iu,[33] he reports 446 children whose average age was 7 years when they were first known to have a positive tuberculin. This group was well controlled and was followed for ten years. At the end of this period 15 per cent had clinical tuberculosis, and of the controls only 1.7 per cent had clinical disease. The ratio of the mortality was even more striking, which was 38 to 1 for the positive reactors. Opie[34] states that 75 per cent of the children in the teen ages who develop tuberculosis are recruited from the ranks of those who developed their positive tuberculin in early childhood.

Of equal significance in finding a positive tuberculin test is its community interest. Each case of tuberculosis prevented represents a saving of $4,000, which is an estimation published in a report from the State Board of Health.[35] There is no estimate of the amount of sickness and death which is prevented by finding the person who is spreading tuberculosis. In a case where a positive tuberculin exists in a child, both parents and siblings should have tuberculin tests. The maid, the nurse, the cook, or any other person who is intimate with the child should have a skin test. If it is positive, they should have a roentgen and physical examination. Any physician who has practiced very long has seen cases of primary tuberculosis which have been caused by contact with a maid or a nurse who possessed the reinfection type of the disease. We should be as earnest or perhaps more earnest in finding the adult case of tuberculosis as we are finding the child who has been infected.

There are factors that are involved in finding a positive test other than diagnosis. One of these is the size of the reaction. Lincoln[36] says that it was her observation that there is no significance in the size of the tuberculin test as far as it relates to the size of the tuberculosis lesion, the activity of the disease, or its general prognosis. Boyd[37] disputes this. He found in the schools in Vancouver that those children who gave the highest allergic response were in general those children in closest contact with tuberculosis at home. Among those children who gave only a slight response it was almsot invariably impossible to find the source of contact. In general, however, workers agree with Lincoln's conclusion.

There has been, until recently, a universal feeling that the presence of a positive tuberculin connotes immunity to tuberculosis of the reinfection type. This belief is still widely held. However, I think it is fair to say that almost any physician whose chief interest is in tuberculosis considers a positive tuberculin under the ninth or tenth year as a liability.

Hill[38] goes further than this and states: "A positive tuberculin test in a child can no longer be held as an advantage; as an indicator of immunity. Nor can it be held a liability to reach adult age with a negative tuberculin." Chadwick[39] says: "There is without

doubt a small immunity conferred by an infection with the tubercle bacillus, provided it is not excessive, and the child has an average amount of resistance. However, it is important to remember that this immunity cannot be depended upon to prevent disease."

1. The children's physician should routinely perform tuberculin tests. He should be a center of influence in the antituberculosis program.

2. A positive tuberculin in a child signifies the presence of primary tuberculosis. Because it is from such children that clinical tuberculosis is chiefly recruited, these children should be watched carefully during childhood, but more especially during the teen ages. It is at this time that reinfection type of tuberculosis becomes a factor.

3. The decline in tuberculosis is not due to loss of virulence in the organism. The chief factor in its decline is probably the isolation of those who are contagious.

4. The presence of a positive tuberculin test in a child means the presence of some immunity, but this immunity is not enough to prevent disease in later life.

5. The goal of every physician interested in the tuberculosis problem in children should be to prevent primary infection. Abstracted from New York State Journal of Medicine, April 1, 1940, p. 470.

31. Myers, J. A., and Harrington, F. E.: J. A. M. A. 103: 1530 (Nov. 17), 1934.
32. Myers, J. A.: Tuberculosis Among Children and Young Adults, C. C. Thomas, 1938, p. 17.
33. Ch'iu, P. T. Y., Myers, J. A., and Stewart, C. A.; J. A. M. A. 112: 1306 (Apr. 8) 1939.
34. Opie, E. L., McFedran, F. M., and Putnam, P.: Am. J. Hyg. 22: 644 (Nov.) 1935.
35. Health News: New York State Department of Health: Tuberculosis Prevention—A Public Health Bargain 16: 2 (Jan. 2) 1939.
36. Lincoln, E. M., Raia, A., and Gilbert, L. A.: J. Pediat. 12: 479 (Apr.) 1938.
37. Boyd, A. R. J.: Am. Rev. Tuberc. 34: 67 (July) 1936.
38. Hill, L. F.: J. Pediat. 5: 680 (Nov.) 1934.
39. Chadwick, H. D.: The Massachusetts Program for School Tuberculosis Control. School Physicians, Bulletin 4: 14 (1939).

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School May Be Health Center.—Every school administrator has pondered the school health problem in his community and has tried with varying degrees of success to meet its challenge. At Chisholm, Minn., a city of 10,000 inhabitants, located in a mining area of northern Minnesota, the health education issue has been especially difficult because the district represents one of the last pioneer immigrant frontiers of the Northwest.

From a meager beginning, the school has gradually extended its health services so that for the last two decades it has employed on a full-time basis a school physician, dentist, and nurse working in a centrally located school health clinic, functioning on a twelve months' basis.

The eight school buildings in the district are visited daily by the school physician and nurse. Each child returning to school after an illness must be readmitted to the classroom by the staff members of the health department. At the beginning of each day's sessions, pupils absent because of illness are reported immediately to the school nurse, who makes the home call and reports the situation to the building principal within a period of two or three hours. In cases of suspected contagion, the school physician makes a second call at the home and excludes the absentee from school until a diagnosis has been made and reported by the family physician.

Complete physical and health examinations are given to all pupils annually. A permanent cumulative record of each pupil's physical examination, as well as a disease and correction report, is kept and follows him from grade to grade throughout his school career. An abbreviated form of this record is given to each teacher annually, so that she is objectively informed on each pupil's health status.

All physical defects are reported to the pupil's parents, and efforts are made to have defects corrected as soon as possible. When glasses are prescribed, they are furnished to the pupil on a cost basis.

Upon the parent's or guardian's written request, the school health department provides protective measures in the form of tuberculin tests, smallpox vaccinations, diphtheria, typhoid and scarlet fever inoculations.

In addition to giving first aid and emergency treatment to all pupils, the health department staff gives free medical examinations to school employees. Doctor and nurse have given both the standard and advanced Red Cross first aid courses to the maintenance and instructional personnel. The school nurse gives special health demonstrations and assists secondary teachers in their classes in home hygiene and care of the sick. In the elementary grades, she takes the weight and height measurements of all pupils, supervises the daily health inspections and is a valuable link in the school and home conference chain. Both doctor and nurse assist in all parental conference groups where the health of the school child is discussed.

Dental examinations are an integral part of the annual health examination. Actual repair work and extractions are available upon parental authorization, to all pupils from kindergarten through the sixth grade. Parents are always in attendance with the nursery and the pre-kindergarten children and through these health examinations are given first-hand information on the corrective and remedial work required. Supervision of the dental hygiene periods in all the grade buildings is a part of the school dentist's routine. The youngsters are taught, through actual practice, how to use tooth brushes and paste and are encouraged and expected to do similarly in their home surroundings.

No financial yardstick can measure the returns this service has rendered in the prevention of health deterioration and in the development and appreciation of the peculiar functions of the school and the home in a community health program. E. R. Steffensrud, The Nation's Schools, February, 1940. Abstracted by R. J. Jirinec, M.D.

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School Nursing Program,—The answers to the following questions will give some guidance in outlining the objectives of the school nursing program:

1. Does the health program include mental, emotional, and social health as well as physical health?
2. Why is the school interested in the health of its pupils?
3. Why is the department of health interested in the health program of the schools?
4. If the school is primarily interested in education, what are its functions in regard to health services or a healthful environment?
5. How does the home influence the health status, attitude, knowledge, and behavior of a school child?
6. What is the responsibility of the school for the education of parents?
7. What is the responsibility of the school for interpreting to the community its health needs?
8. Is it possible to plan an economical and adequate health program for children of school age without an effective infant and preschool health service?
9. What is the purpose of periodic health examinations or inspections of school children?
10. What is the purpose of school health records?
11. Is it more important to have all defects corrected promptly, or to have parents and children appreciate the value of medical care and assume as much responsibility as possible for securing it?
12. Is the private physician considered the final authority on all individual health problems?
13. If the service is generalized, is the school work considered important in itself or only as a means of making contacts in homes?
14. Is it more important for the nurse to carry on a constructive health program than to be available at all times to relieve the principal, physician, teachers, or health officer of time-consuming details which do not require professional service?
15. Is the school health education program planned to meet the requirements of the pupils or of the curriculum?

When the objectives of the school nursing service have been outlined and the policies of the school and health department are understood, the nurse may begin to plan her program. Obviously she will not be able to accomplish everything the first year, and a tentative plan for several years is desirable.

The following are some of the factors which must be considered:

1. The total school population per nurse.
2. The number, size, and location of the schools.
3. The transportation facilities, roads, and weather conditions.
4. The amount of medical and nursing service available for school work.
5. The qualifications for school health work of the nurse and of other school and health personnel.
6. The state laws and local ordinances affecting the program.
7. The school and community facilities for health education, and for health and social services.
8. The special interests of pupils, parents, teachers, and private physicians.
9. The special needs as indicated by health examinations and inspections; attendance records; reports from teachers; statistics on mortality, morbidity, accidents, and immunizations; the nurse's observations in school and health education, and for health and social workers.
10. The feasibility of having children examined by private physicians.
11. The possibility of having parents come to school for individual or group conferences and of their being present for the examinations or inspections of their children.

Tentative plans for the school year should be made the preceding spring. These plans should include the following activities: health education, the control of communicable diseases, instruction of teachers in health observation, pooling information on the child, emergency care of pupils, shall the nurse teach classes. A schedule for the visits of the school nurse to the schools should be made in advance so that teachers, principals, physicians, and other workers may know when to expect her. The School Nurse Plans Her Program by Ella E. McNeil, R.N. Public Health Nursing, April, 1940, p. 238. Abstracted by C. H. Keene, M.D.

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Infant Mortality,—The infant mortality of the State, exclusive of New York City, (41 deaths pear 1000 live births) was the lowest on record. Compared with the average for the preceding five years, there has been a decrease in the absolute and in the relative number of infant deaths from all causes. Although the improvement has been greatest among the older infants, there has been also a gratifying reduction in the mortality of babies less than one month of age. Out of every 1000 babies born alive last year, 28 died during the first month of life. This represents a reduction of 44 per cent from the rate of 1915. The mortality among infants who have passed the first month of life was 14 per 1000 live births, a reduction of 73 per cent from the corresponding figure twenty-five years ago. New York State Department of Health, Health News, February 26, 1940, p. 34.

REVIEW

Health Education: Program for Elementary and Secondary Schools. School Publication No. 330, Los Angeles City Schools, 1940.

This is the presentation of material prepared by a commit.ee made up of Superintendents, Directors, and Supervisors in the Los Angeles Schools. This is more than a mere program in health teaching. It discusses some of the procedures in the Los Angeles schools, makes statements and shows diagrams of the correlation, and attempts also to inform the teacher as to her duties, in the whole school health program, and gives the basic outline of classes at the various grade levels. It has a section on "Guidance for Teachers in Guarding the Health of Pupils." The information and illustrations cover various phases of health teaching, of games and sports, of corrective physical education, and of the "guidance objectives of the health service section." Charles H. Keene, M.D.

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MEETINGS

The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association will sponsor a Symposium on Health Problems in Education in connection with the annual meeting of the American Medical Association in New York. The date of the Symposium is Tuesday, June 11th, at 2 P.M. It will be held in the Grand Ballroom of the Hotel Roosevelt.

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The Western Branch, American Public Health Association, will hold its eleventh annual meeting in Denver, Colorado, June 23-27, 1940.

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The American School Health Association, the American Public Health Association, the Michigan Public Health Association, the International Society of Medical Health Officers, and the Association of Women in Public Health will hold their next annual meeting at Detroit, Michigan, October 8-11, 1940. The headquarters of the American School Health Association will be at the Hotel Statler.

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A Conference on School Health Education, sponsored by the State Departments of Education and Public Health will be conducted during summer session on the University of California campus in Berkeley by Dr. Mayhew Derryberry, Chief of Health Education Studies, National Institute of Health, U. S. Public Health Service. Dates of the conference are July 22 to 25, inclusive.